Point In Time Count January 2017

## **HOUSING PROGRAMS** (EMERGENCY/TRANSITIONAL)

For Surveyors-- \*Location: Where did you stay last night?

Have you or anyone in the household been homeless 4 or more times in the last 3 years?

Do these episodes, added together, amount to a year or more? O Yes

Households threatened by DV and households with an individual with HIV/AIDS: Do not sign the form at the bottom

ONE FORM PER HOUSEHOLD

O No (skip to Household Information) O Yes

Progr	am Name:			
0	Emergency Shelter	0	Transitional Housing Program	
		A. *Chron	ic Homelessness & Length of Time Homeless	
Have	you or anyone in the housel	hold been contir	nuously homeless for a year or more?	
O Ye	s (skip to Household Informa	tion section) O	No No	

	(Please enter e	ach HH member belo	3. *Househo				s more	than	fourn	nomhoi	rc I			
i.	Last Known Permai		w. Ose additional	ZIP	ii iiouseii	Olu IIa	SIIIOIE	Lilaii	loui II			sabilit	ies	
	ii.	Terre city	iii.		iv. Popu	ılation	– Data		C	Check <b>al</b>	<b>I</b> that	apply to	o each c	lient
Relation to Head of Household (if applicable) Spouse/ Partner/ Child/Etc.	First Name	Last Name	Birth Date (or if DOB refused; Year of Birth)	Gender <sup>1</sup>	Race² (enter all that apply)	Ethnicity (Hispanic (H) or Non-Hispanic (N))	Domestic Violence Survivor (check if yes)	<b>Veteran</b> (ever served in the military)	Chronic Substance Abuse	Physical Disability (Permanent)	Developmental Disability	Mental Health (Substantial & Long-Term)	Chronic Health Condition (Permanently Disabling)	HIV/AIDS (enter as consent refused in HMIS)
Self														

C. Circumstances that Caused Your Homelessness (check					Refused	Don't Know
all that apply)						
	Housing & Economic		System & Legal		Health Issues	Family Conflict
	Job Loss/unemployment		Discharged from hospital or other medical facility		Mental Illness	Domestic Violence
	Eviction/Loss of housing		Discharged from criminal/juvenile justice system		Physical health/disability	Guardian mental health/substance abuse
	Lack of job training/ unable to work		Aged out of foster care		Alcohol/substance abuse	Family Rejection/Kicked out
	Lack of childcare		Medical costs		Illness	Abuse/Neglect

<sup>&</sup>lt;sup>1</sup> Male (M), Female (F), Transgender Male to Female (TMF), Transgender Female to Male (TFM), Don't Identify as M, F, or T (D), Data not collected (R) <sup>2</sup> White (W), Black or African-American (B), Asian (A), American Indian or Alaska Native (I), Native Hawaiian or Other Pacific Islander (H), Data not collected (R)

D. Sc	ource(s) of Household Incom	Refused		Don't Know	
appl	y)				
	Public Assista	Employment	Other		
	TANF	VA	Part time		None
	SSI	Child Support	Full time		Panhandling
	Temporary Disability	Medicare/Medicaid	Farm/seasonal		Relative/friends
	Unemployment	Soc. Sec.	Under the table/informal		Other

## Client Release of Information

Washington State HMIS for Annual Point in Time Count

IMPORTANT: Do not enter personally identifying information into HMIS for clients who are: 1) in DV agencies or; 2) currently fleeing or in danger from a domestic violence, dating violence, sexual assault or stalking situation; 3) are being served in a program that requires disclosure of HIV/AIDS status (i.e.; HOPWA); or 4) under 18 with no parent or guardian available to consent to sharing the minor's information on HMIS.

If this applies to you, STOP- Do not sign this form.

This agency participates in the Washington State Homeless Management Information System (HMIS) by collecting information, over time, about the characteristics and service needs of men, women, and children experiencing homelessness. **RCW 43.185C.180** 

- To provide the most effective services in moving people from homelessness to permanent housing, we need an accurate count of all people experiencing homelessness in Washington State. In order to insure that clients are not counted twice, we need to collect four pieces of personal information. Specifically, we need: name, birth date, race/ethnicity, and last permanent address. You may also choose to provide your social security number. However, signing this form does not require you to do so. Your information will be stored in our database for 7 years. If you have questions about collection of data or your rights regarding your personally identifying information, contact the HMIS System Administrator at: (360) 725-2982
- We use strict security policies designed to protect your privacy. Our computer system is highly secure and uses up-to-date protection features such as data encryption, passwords, and identity checks required for each system user. There is a small risk of a security breach, and someone might obtain and use your information inappropriately. If you ever suspect the data in HMIS has been misused, immediately contact the HMIS System Administrator at: (360) 725-2982
- The data you provide will be combined with data from the Department of Social and Health Services (DSHS) for the purpose of further analysis. Your name and other identifying information will not be included in any reports or publications. Only a limited number of staff members, who have signed confidentiality agreements, will be able to see this information. Your information will not be used to determine eligibility for DSHS programs. Washington State HMIS system administrators have full access to all information in HMIS. This includes the Department of Commerce staff, designated HMIS system administrators, and the software vendor.
- By signing this form, you acknowledge and allow Department of Commerce staff to obtain additional records of information from other state agencies with which there is a data sharing agreement on file between Commerce and the other agency. Our data share agreement guides data transfer and storage security protocols. If data share agreements are in place, Commerce is authorized by you to obtain, add to HMIS, and use for evaluation purposes any other data you have provided to other Washington state agencies. Your decision to participate in the HMIS will not affect the quality or quantity of services you are eligible to receive from this agency, and will not be used to deny outreach, assistance, shelter or housing. However, if you do choose to participate, services in the region may improve if we have accurate information about homeless individuals and the services they need. Furthermore, some funders MAY require that you consent to your information be supplied in HMIS in order for you to receive services from that funding source.

I understand the above statements and consent to the inclusion of personal information in HMIS about me and any dependents listed below, and authorize information collected to be shared with partner agencies. I understand that my personal information will not be made public and will only be used with strict confidentiality. I also understand that I may withdraw my consent at any time by filing a 'Client Revocation of Consent' form with this agency.

Consent' form with this agency.
I agree to the inclusion of my household's information for count purposes described in the release on the back of this form.
Signature(s) (each adult or legally emancipated youth must sign):
Adult #2 (if applicable):
If you would like to be contacted by a housing provider regarding housing assistance, please provide your phone number or email below

Thank you for helping us improve services to homeless persons

<sup>\*</sup> Denotes data that HUD requires for the PIT Count. All answers from individuals surveyed are voluntary.